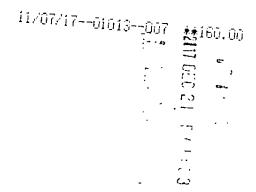
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(Re	questor's Name)	-
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PICK-UP	MAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
		}
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800305085948



J. HARRIE

## COVER LETTER

TO; Registration Section

Div	ision of Corporation	ns				
SUBJECT:	Flightdocs II, LLC	55.55.				
		Name of	Limited Liability Co	mpany		
		reign Limited Liability Comp ed to register the above refero				
Please return	all correspondence of	concerning this matter to the	following:			
	Frederick Hein	e				
		N	ame of Person			
	Flightdocs II, L	LC				
	<del></del>	Fi	rm/Company			
	27598 Rivervie	w Center Blvd.				
			Address			
	Bonita Springs.	, FL 34134				
		City/S	tate and Zip Code			
	rheine@flightdoo	es.com				
		E-mail address: (to be used	l for future annual re	eport not	ification)	
For further in	nformation concernin	g this matter, please call:				
Fre	derick Heine		239 at ( )	390-319		
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	vision of Corporations gistration Section D. Box 6327 lahassee, FL 32314		Ī F C 2	Division o Registrati Clifton Bo 1661 Exc	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
	a check for the follow \$125.00 Filing Fee	ring amount:  ☐ \$130.00 Filing Fee &  Certificate of Status	S155.00 Filing Certified Copy	Fee &	■ \$160.00 Filing Fee, Cer of Status & Certified Copy	



November 8, 2017

FREDERICK HEINE 27598 RIVERVIEW CENTER BLVD BONITA SPRINGS, FL 34134

SUBJECT: FLIGHTDOCS II, LLC Ref. Number: W17000089427

We have received your document for FLIGHTDOCS II, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Jenna D Harris Regulatory Specialist II

Letter Number: 717A00022629

www.sunbiz.org

- Communication BO DOV 6307 Wallahaana Florida 3021

## 'APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

name unavailable, enter alternate n	same adopted for the purpose of transacting	business in Florida, The	alternate name must include "Limited	d Liability Company," "L.L.C," or "LLC.")
Delaware			27-2121103	
	hich foreign limited liability company is org	ganized)		number, if applicable)
	, , , ,	,		. ,,
October 24, 2017	·-··			
	(Date first transacted business in Flo (See sections 605.0904 & 605.0905)	erida, if prior to registration, F.S. to determine penalt	n.) y hability)	
27598 Riverview Cent	er Blvd.	6.	27598 Riverview Cente	r Blvd.
(Street Address of I		0.		Address)
Bonita Springs, FL 341	134		Bonita Springs, FL 3413	34
				ran La
	CEN 11	/n o nom		<u> </u>
Name and street addres	ss of Florida registered agent:	(P.O. Box NOT	acceptable)	י לידן
Name:	Flightdocs Holdings RH, In-	c.		<del></del> .
	226.6	· .	<del></del>	- 1 · <u>u</u>
Office Address:	9250 Corkscrew Rd. SI	e 1		- <del></del>
	Estero		, Florida 33928	· ( )
		ity)	, Florida <u>33720</u>	o code)
signated in this applica comply with the provisi	tion, I hereby accept the appe	ointment as regist the proper and co	tered agent and agree to	act in this capacity. I further a
signated in this applica comply with the provisi	tion, I hereby accept the appoint ions of all statutes relative to s of my position as registered	ointment as regist the proper and co	tered agent and agree to	act in this capacity. I further a
signated in this applica comply with the provisi ad accept the obligation.	tion, I hereby accept the appoint ions of all statutes relative to s of my position as registered	ointment as regis: the proper and co agent. istered agent's signature) n(s) who has/have	tered agent and agree to omplete performance of t	ited liability company at the pla act in this capacity. I further a ny duties, and I am familiar wi e:  Name and Address:
signated in this applica comply with the provise d accept the obligation.  The name, title or capa Title or Capacity:	tion, I hereby accept the appoints of all statutes relative to s of my position as registered (Reg	ointment as regis: the proper and co agent. istered agent's signature) n(s) who has/have	tered agent and agree to complete performance of the complete performance of the complete performance is a support of the complete the	act in this capacity. I further a my duties, and I am familiar wi
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rignated in this applicated in the provision of accept the obligation.  The name, title or capa Title or Capacity:  Manager & CEO	tion, I hereby accept the appoints of all statutes relative to sof my position as registered (Regarding and address of the person Name and Address Frederick Heine 9250 Corkscrew Reference FL 33928	ointment as regist the proper and contagent.  istered agent's signature)  in(s) who has/have  is:  T	tered agent and agree to complete performance of the complete performance of the complete performance is a support of the complete the	act in this capacity. I further a my duties, and I am familiar wa ————————————————————————————————————
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The name, title or capa Title or Capacity:  Manager & CEO  Attached is a certificate isdiction under the law the translator must be su. This document is exec	rion, I hereby accept the appoints of all statutes relative to sof my position as registered (Regarding and address of the person Name and Address Frederick Heine 9250 Corkscrew Ro Estero, FL 33928 (Estero, FL 33928)  sary)  of existence, no more than 90 of which it is organized. (If the abmitted)	ointment as registive proper and continuent.  In the proper and continuent in the proper and continuent is signature.  In the value of the proper and continuent in the proper and continuent	authority to manage is/ar fitle or Capacity:  athenticated by the official foreign language, a transport, Florida Statutes. I am a	e:  Name and Address:  I having custody of records in the slation of the certificate under own ware that any false information
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Typed or printed name of signee

Frederick Heine



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLIGHTDOCS II, LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS

OF THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLIGHTDOCS II, LLC" WAS FORMED ON THE TWENTY-FOURTH DAY OF OCTOBER, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203448943

Date: 10-24-17

6590242 8300 SR# 20176757216